Filing an Affidavit Via E-Services

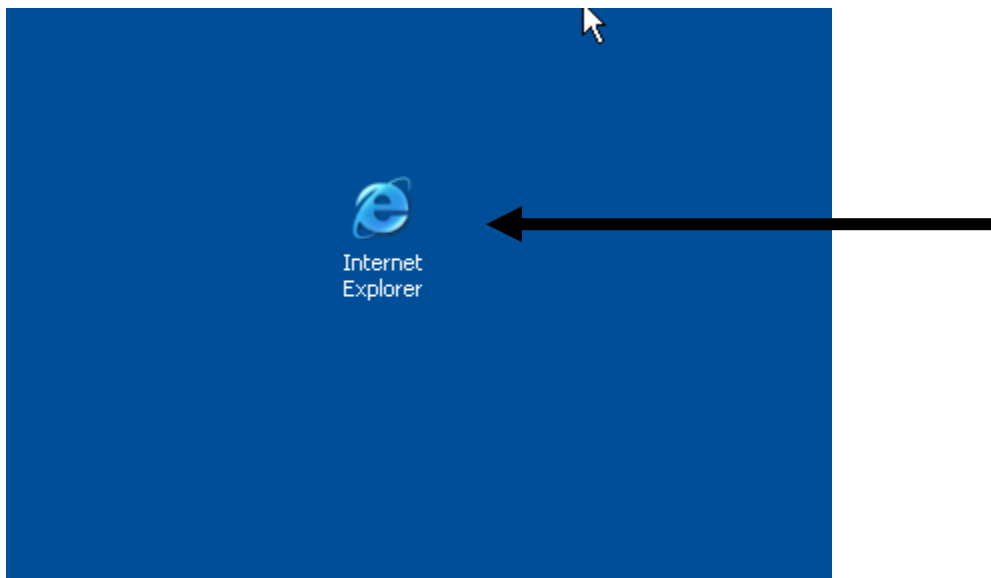## Setting up a New Individual Account to Submit Surplus Lines Affidavits

To submit Surplus Lines Affidavits Online, you must:

- Hold an Active INDIVIDUAL license in Kentucky
- Have or Set up an E-Services account

If you have not set up an account in E-Services, follow the instructions below. If you do have an account, skip to page 9.

Setting up an E-Services Account

1. To set up an E-Services account, double click your **internet browser.**

2. Follow the link to the DOI Webpage, at:

http://insurance.ky.gov/

3. Click the E-Services icon, located at the top right side of the page.

The following screen will display.

Click on "First time here? Please click here to register for secure access."

KYOffice of Insurance

What d

Please log in here:

Username

Password

submit

Click
Here…

First time here? Please click here to
register for secure access.

Forgot your password?

Having trouble
logging in?
Click here for

Consumers

- Submit Consumer
- View data related
  Complaint, Medica
  Consumer Guides)
- Find information re
  Insurer, Individual c

New Applicants - ✷✷
(*Paperwork not sub*

You'll need to designate your username and password….

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Your eServices Account Information

Username	
Password	
Verify Password	
UserType	Individual: Individual Access
Security Question	Your Mother's Maiden Name
Answer	

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Password
Enter a password that is between 8 to 15 alpha numeric characters. **Your password must contain at least 1 number.**

Your eServices Account Information

Username	
Password	
Verify Password	
UserType	Individual: Individual Access
Security Question	
Answer	

Individual: Individual Access
Business Entity: Agent Licensing Administrator
Business Entity: Agent Licensing Read Only
Business Entity: Agent Licensing Read-Write
Insurer: P&C Auto and Home Guide Administrator
Insurer: P&C Auto and Home Guide Read-Write
Insurer: Agent Licensing Administrator
Insurer: Agent Licensing Read Only
Insurer: Agent Licensing Read-Write
Other: Consumer

User Type
Select the type of user account that you need to create on our system

Select the User Type:
Individual: Individual Access

Your Contact Infor

First Name	
Suffix Name	
Telephone	Extension
E-mail Address	

Select a Security question with answer…

Your eServices Account Information

Username	
Password	
Verify Password	
UserType	Individual: Individual Access
Security Question	Your Mother's Maiden Name
Answer	

Your Mother's Maiden Name
Your Favorite Color
Your Pet's Name
Your Favorite Food
Name of an Elementary School
Last Four Digits of Your SSN

Security Question

Select a question that will be easy for you to remember the answer to. This will be used to retrieve your password should you forget it.

Here…

Your Contact Infor...

First Name		e Name/Initial	Last Name
Suffix Name		SSN	
Telephone		Extension	
E-mail Address			

Note the help as you select a data entry field…

Your Mailing/Shipping Information

Address Line1	
Address Line2	
City	State Select Zip

Create Account

You are now ready to enter your personal data.

You must enter your SSN to verify licensing status.

Your Contact Information

First Name		Middle Name/Initial	
Suffix Name		SSN	
Telephone		Extension	
E-mail Address			

Your Mailing/Shipping Information

Address Line1	
Address Line2	
City		State	Select	Zip	

Create Account

Once finished, click 'Create Account'.

Note: the City/State/Zip must be a valid USPS match.

You're now ready to use DOI E-Services.

Filing an Affidavit Using E-Services

KYOffice of Insurance

Wh[...]

Please log in here:

Username

Password

submit

Log into E-Services

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble logging in? Click here for assistance

Consumers

- Submit Consumer
- View data related Complaint, Medica Consumer Guides)
- Find information re Insurer, Individual c

New Applicants - ******
   (Paperwork not sub

Note the menu of options offered to an Individual account user….

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Individual Information

➤ **Your Individual Licensing Profile**

Reports

➤ **Surplus Lines Affidavit Search**
➤ **Surplus Lines Quarterly Report**

eServices

➤ **Annual Reconciliation**
➤ **Certification/Clearance Letter Request**
➤ **Examination Scheduling and Rescheduling**
➤ **License Renewal Invoice**
➤ **Life Settlement Survey**
➤ **Municipal Tax Assessment**
➤ **No Fault Rejection Form**
➤ **Nofault Rejection Request**
➤ **Order Laws & Regulations Book**
➤ **Pending Fees (License and Appointment)**
➤ **Print License Certificate**
➤ **Record Correction Request (Form 8303)**
➤ **Replacement or Additional License Request (Form 8306)**
➤ **Surplus Lines Affidavit**
➤ **View Transaction History**
➤ **Voluntary License Surrender**

Select Surplus Lines Affidavit, here…..

Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

The following screen will display.

Initial Tab Information/Affiliation Data

The first question deals with your affiliation.

Are you affiliated with a Business Entity
○ Yes ○ No

> If you are not affiliated with a Business Entity, click "no". If you are affiliated, click "yes".

If you click "yes", and have an affiliation, the question will expand with a box to allow entry.

> Enter the Affiliation data here…and click search…

Are you affiliated with a Business Entity
⦿ Yes ○ No

Enter the Business Entity Name   XYZ   [Search]

Select	Company Name
○	XYZ Insurance Inc

Contact Information

First Name		**Last Name**	**Mid**
Address Line1			
Address Line2			
City		**State** Select ▼	**Zip**

Surplus Lines Affidavit

Are you affiliated with a Business Entity

◉ Yes ○ No

Enter the Business Entity Name | smith | Search

Select	Company Name
○	Badger, Smith & Associates, Inc.
○	Bob Smith Chevrolet Inc.
○	Brook Smith Agency Inc.
○	Callistus Smith Agency, Inc.
○	Chappell, Smith & Associates Inc.
○	Craig And Smith Cars Inc.
○	Fraley & Smithhart Insurance Agency
○	Fred M Smith & Son Inc.
○	Gale, Smith & Company, Inc.
○	Gentzler & Smith Associates, Inc.
○	Hockensmith Agency Inc. [The]
○	J Smith Lanier & Co
○	J T Smith & Associates, Inc.
○	James Smith Motors Inc.
○	James Smith Motors Inc.
○	Janet Smith, Inc.
○	Jay Smith & Associates Insurance, Inc.
○	Jerry L. Smith & Associates, Inc.
○	John Smith Auto Sales, Inc.
○	Little And Smith Inc
○	Luce, Smith & Scott, Inc.
○	Manning & Smith Insurance, Inc.
○	Mark Smith Insurance Agency, Inc
○	Myers, Reese, Smith & Chester, Inc.
○	Nelson-Smith-George Associates Inc.
○	Parker, Smith & Feek, Inc.

Click the toggle next to the correct answer.

All possible answers will display here

Note: If the correct answer does not display, you may simply type your answer in, without clicking search. If you have already clicked "search", and the search generated no favorable answer, you may still enter the data into the blank text field.

If you have successfully entered a surplus lines affidavit previously, your affiliation data will pre-load to your next surplus lines affidavit entry attempt upon log in.

Surplus Lines Affidavit

Are you affiliated with a Business Entity
◉ Yes ◯ No

Enter the Business Entity Name   [   ] [Search]

◉ Marsh USA Inc

Affiliation data is shown here….from the previous entry. To alter this, repeat the instructions shown above for entering a new affiliation.

Contact Information

First Name	Test	Last Name	Test	Mid Na	
Address Line1	123 Peyton Manning Way 1				
Address Line2					
City	SHELBYVILLE	State	KY	Zip	40065
Phone	1234567896	Phone Extension	1		
Fax	1234569879	Fax Extension	2		
Email	test@email.com				

[Submit] [Clear]

Initial Tab Information/Contact Data

The contact information is designed to capture the information of the person filing the affidavit. I.E. If John Doe is the broker, and Sally Filer is the person filing the affidavit, then Sally Filer's information should be entered into the "Contact Information" area. The Department is looking for the information on the filing person, in the event follow up is needed to request additional information.

Contact Information

Field		Field		Field	
First Name	[ ]	Last Name	[ ]	Mid Name	[ ]
Address Line1	[ ]				
Address Line2	[ ]				
City	[ ]	State	[Select ▼]	Zip	[ ]
Phone	[ ]	Phone Extension	[ ]		
Fax	[ ]	Fax Extension	[ ]		
Email	[ ]				

Note: Filer data will also pre-load from the last successful affidavit entry into E-Services. Should you wish to alter this data, simply type over the information pre-loaded.

When the data entry is complete, please click "Submit".

After clicking submit, the following screen displays.

Affidavit Entry Screen/Section 1

This information defines named insured data concerning the Affidavit.

The City/State/Zip must be USPS conforming

Affidavit Entry Screen/Section 2

This area defines the location (s) of the insured risk/allocated premium/municipal tax per Kentucky location. If multiple locations exist regarding this policy, you may enter them here as well.

Enter the location information here… and click "Add Location"
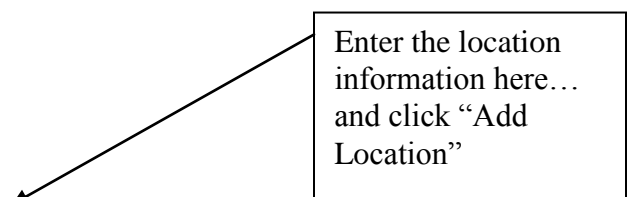
Section 2 - KY Locations

Address Line1

Address Line2

City   State   KY   Zip

Premium   Mun Tax

Add Location

Note: The location is added to the grid..here…
You may delete an entry, by clicking the box next to the error, and clicking the box "Delete".

After data entry, click "Add Location" here, to add to the affidavit.

If more than 1 location is needed, repeat this process.

Affidavit Entry Screen/Section 3

This section defines the policy number, important dates, and the type of transaction and policy in which the affidavit relates.

Section 3 - General Information

Policy Number	Inception Date	Expiration Date	Transaction Effective Date (Must be entered for Audits, Cancellations & Endorsements)
	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)

Transaction Type
Select Transaction type

Policy Type
Select a Policy

Transaction Type
Select Transaction type
- Select Transaction type
- Audit
- Cancellation
- Endorsement
- Multiple/Various
- New Business
- Reinstatement
- Renewal
- Not Identified

Section 4 - Surplus Lines Tax

Transaction Types are defined here.

Select a Policy
- Select a Policy
- Aviation
- Auto - Commercial Cargo
- Auto - Commercial Liability
- Auto - Commercial Physical Damage
- Auto - Private Passenger Liability
- Auto - Private Passenger Physical Damage
- Boiler & Machinery (Mechanical Breakdown)
- Commercial Multiple Peril
- DIC - Earthquake/Flood
- Farmowners Multiple Peril
- Fire & Allied Lines
- Homeowners Multiple Peril
- Inland Marine
- Liability - General
- Liability - Liquor
- Liability - Municipal or Other Government
- Liability - Products
- Liability - Professional Medical Malpractice
- Liability - Professional - Non Medical /Hospital
- Livestock
- Umbrella & Excess Liability
- Workers Compensation - Excess/ Stop Loss
- Any Other

Select a Policy

Policy Types are defined here.

Section 4

Define all carriers here.

Section 4 - Carrier Information

Carrier	Premium	Miscellaneous Fees	Total	SL/Tax Rptd
Select a Carrier			

Add Carrier   (You must click "Add Carrier")

After entering the carrier, and all financial information, click here…"Add Carrier" Complete this for every carrier associated with the affidavit.

Select a Carrier
ACE European Group Limited
APSpecialty Insurance Corporation
AXA Corporate Solutions Assurance
AXIS Specialty Insurance Company
AXIS Surplus Insurance Company
Acceptance Indemnity Insurance Company
Admiral Insurance Co
Adriatic Insurance Company
Aegis Indemnity Ins Co
Agora Syndicate Inc (In Liq)
Alea London Limited
Alea North America Specialty Insurance Company
Alliance General Ins Co
Allianz Global Risks US Insurance Company
Allianz Marine & Aviation
Allianz Underwriters Insurance Company
Allied World Assurance Co. Ltd
Allied World Assurance Company (U.S.) Inc.
American Empire Surplus Lines Insurance Company
American Equity Insurance Company
American Healthcare
American Healthcare Specialty Insurance Company
American International Specialty Lines Insurance Company
American Safety Indemnity Company
American Safety Insurance Company
American Special Risk Insurance Company
American Vehicle Insurance Company
American Western Home Insurance Company
Arch Excess & Surplus Insurance Company

NOTE: If the carrier is not in this pulldown, please contact the Surplus Lines Division at:

DOI.SurplusLines@ky.gov

Affidavit Entry Screen/Section 5
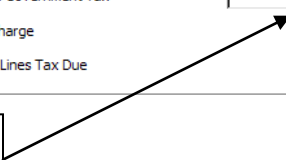
Complete this section if the business was written within a city/county that has a local government premium tax. A listing of taxing entities is provided on the KOI website, at this link:

http://insurance.ky.gov/Docs.aspx?Div_id=13

(Local Government Premium Tax Schedule)

Section 5 - Surplus Lines Tax		
Premium	KY Local Government Tax	
Misc Fees	KY Surcharge	
Policy Total	Surplus Lines Tax Due	

Manually calculate the tax and insert here.

Affidavit Entry Screen/Section 6

You must complete the verification here…to complete the transaction.

SECTION 6 – BROKER VERIFICATION SECTION

As a licensed Surplus Lines Broker, under KRS 304.10.120, and in Compliance with KRS 304.10-050, being duly sworn, state I, as a KY licensed P&C agent, or a KY licensed P&C agent who has certified to me, am/is unable to secure sufficient insurance coverage for the above captioned insured, per KRS 304.10.040, and have caused to be bound the insurance coverage as outlined in the attached copy of the original certificate. The insurer(s) with whom this coverage is placed meet or exceed the minimum requirements for surplus lines insurers as prescribed by KRS304.10-070. I, or the KY licensed P&C agent named above, have/has endeavored to secure this insurance from insurers licensed in Kentucky and, having been rejected, have advised the assured that his/her coverage is being insured by a Surplus Lines carrier which is not licensed to do business in Kentucky.

I further state that the insurance placed with said unauthorized insurer(s) was not sought or required to secure advantage, either as to premium or term of insurance contract.

☐ I Agree

Submit Affidavit

Click Agree…

Click here to Submit the Affidavit.

Completion

After clicking Submit Affidavit, you will be taken to a screen to confirm your E-Services order.

This screen will summarize your order.

KYOffice of Insurance

Individual Information | eServices | Main Menu | Update your account | Change your password | Logout

Surplus Lines Affidavit

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe john	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

List of Surplus Lines Affidavit

Remove Record	RecordNo	Name	Address	Policy Number	Inception Date	Expiration Date	Effective Date
☐	1	test	test shelbyville KY 40065	test	02/01/2007	02/02/2007	02/01/2007

[**Remove/Delete**]

Please NOTE: Upon completion of entering affidavits, click the **View Order** option located in the footer below so you can Proceed to Checkout.

As a licensed Surplus Lines Broker, under KRS 304.10.120, and in Compliance with KRS 304.10-050, being duly sworn, state I, as a KY licensed P&C agent, or a KY licensed P&C agent who has certified to me, am/is unable to secure sufficient insurance coverage for the above captioned insured, per KRS 304.10.040, and have caused to be bound the insurance coverage as outlined in the attached copy of the original certificate. The insurer(s) with whom this coverage is placed meet or exceed the minimum requirements for surplus lines insurers as prescribed by KRS304.10-070. I, or the KY licensed P&C agent named above, have/has endeavored to secure this insurance from insurers licensed in Kentucky and, having been rejected, have advised the assured that his/her coverage is being insured by a Surplus Lines carrier which is not licensed to do business in Kentucky.

I further state that the insurance placed with said unauthorized insurer(s) was not sought or required to secure advantage, either as to premium or term of insurance contract.

I agree

[**Add Additional Affidavits**]

View Order | Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

To proceed to checkout, click 'View Order'.

You can add additional affidavits by clicking here.

After clicking 'View Order', the following screen will allow you to Update your Order, continue with other E-Services transactions, cancel your order, or allow you to continue to checkout.

KYOffice of Insurance

Individual Information | eServices | Main Menu | Update your account | Change your password | Logout

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [Satish007]

Remove	Description	Fee(s)
☐	Surplus Lines Affidavit	$0.00
	Total Amount Due	**$0.00**

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than $1500.00, you can only checkout via Debit (ACH) payment method.

| Update Order | Checkout to Submit Transaction/Complete Order | Continue Shopping/Return to Menu | Cancel Order |

View Order | Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

Click here to continue your order to completion.

After clicking 'Checkout to Submit Transaction', the following screen will display…

KYOffice of Insurance

Individual Information | eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information	Shipping Information (if applicable)

DOI Transaction ID: 75654
ePay Transaction ID:
Transaction Date: 02/13/2007

Qty	Description	Fee(s)
1	Surplus Lines Affidavit	$0.00
	Total Charged:	$0.00

Print Surplus Affidavits

Print copy of invoice | Click here to return to the main menu

Return to the Main Menu | Update your acc... ...ogout

> You can print a copy of the Affidavit here..

> You can print a copy of an E-Services transaction invoice here…

> Or return to the E-Services main menu here…

You have completed you E-Services session.

<u>Surplus Lines Affidavit Search</u>

You are able to search your E-Services surplus lines history with the Department, here.

KY Department of Insurance

Individual Information | eServices | Reports | Main Menu | Update your account | Change your password | Logout

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Individual Information

► Your Individual Licensing Profile

Reports

► Surplus Lines Affidavit Search
► Surplus Lines Quarterly Report

eServices

► Annual Reconciliation
► Certification/Clearance Letter Request
► Examination Scheduling and Rescheduling
► License Renewal Invoice
► Life Settlement Survey
► Municipal Tax Assessment
► No Fault Rejection Form
► Nofault Rejection Request
► Order Laws & Regulations Book
► Pending Fees (License and Appointment)
► Print License Certificate
► Record Correction Request (Form 8303)
► Replacement or Additional License Request (Form 8306)
► Surplus Lines Affidavit
► View Transaction History
► Voluntary License Surrender

You may utilize his search in a variety of ways to narrow, or broaden, your search criteria.

You may simply search for all of your affidavits within a date parameter.

KY Department of Insurance

Individual Information | eServices | Reports | Main Menu | Update your account | Change your password | Logout

Surplus Lines Affidavit Search

Entity / User Details

DOI Number	Individual / Entity Name
542723	Doe John
User Last Name	**User Middle Name**
Doe	M

	Start Date	End Date
Submitted Date	(MM/DD/YYYY)	(MM/DD/YYYY)
Affidavit Number		
Insured Name		
Carrier Name	Select a Carrier	

Search   Clear

Enter the start/end date here

Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

To narrow the searching criteria, you may also add an Insured Name to the date criteria to narrow the result.

In other words, you may add criteria in any combination, to get your desired result.

After the search data is entered, please click "Search" to display the results.

The results display as shown here.

Surplus Lines Affidavit Search

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Transaction Effective Date

Start Date
01/01/2010
(MM/DD/YYYY)

End Date
3/21/2011
(MM/DD/YYYY)

Affidavit Number

Insured Name

Carrier Name   Select a Carrier

[Search]   [Clear]

You may export the results to an Excel Spreadsheet…here.

[Export to Excel]

Click on the Affidavit Number to view the Details

Affidavit Number	Affidavit Status	Insured Name	Policy Type	Transaction Type	Carriers
300547	Pending	.jklhjklnhl	Product Liability	New Business	American Western Home Insurance Company
300547	Pending	.jklhjklnhl	Product Liability	New Business	Arch Specialty Insurance Company
300546	Pending	kl;jjklhkljh	Commercial Auto - Physical Damage Only	New Business	Arch Specialty Insurance Company
300546	Pending	kl;jjklhkljh	Commercial Auto - Physical Damage Only	New Business	American Western Home Insurance Company

View Order | Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

Tracking Your Transaction History/Completing an Incomplete Transaction

<u>Tracking Your Transaction History</u>

To review your E-Services transaction history, click here.

The following screen will display.

Your Individual Data

Transaction History

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doee John R	
User Last Name	User Middle Name	User First Name
Doe	m	John

You may search for transactions by a defined time period…

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [   ] [Display Transactions]

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
90155		07/12/2007 9:15:50 AM		Complete
90054		07/11/2007 10:23:07 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

Return to the Main Menu | Update your account | Change your password | eServices Surv

Click here to view the individual transaction

This is a listing of your transactions over the last 30 days.

After clicking the individual transaction, this screen will appear.

Aligeier   A   Gregory

Transaction Status: Complete

Order Information	Shipping Information (if applicable)

DOI Transaction ID: 91741
ePay Transaction ID:
Transaction Date: 07/27/2007

Qty	Description	Fee(s)
9	Surplus Lines Affidavit	$0.00
	Total Charged:	$0.00

Print Surplus Affidavits

Print copy of invoice | Click here to return to the main menu

Total of
affidavits
shown
here.

Click here to print a listing of the
affidavits sent in this transaction.

You may print an
invoice for your
records here.

ate your account | Change you

Completing an Incomplete Transaction

List your transaction history here.

Individual Information

➤ Your Individual Profile (License, Exam, Cl

eServices

➤ Certification/Clearance Letter Request
➤ Examination Scheduling and Reschedulir
➤ License Renewal Invoice
➤ Nofault Rejection Request
➤ Order Laws & Regulations Book (2006 Ed
➤ Pending Fees (License and Appointment)
➤ Record Correction Request (Form 8303)
➤ Replacement or Additional License Requ
➤ Surplus Lines Affidavit
➤ View Transaction History ⬅
➤ Voluntary License Surrender

The listing will display here. The last 30 days of submitted transactions will display.

Transaction History

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [   ] 🔲   **Display Transactions**

You can select the Check Box and press 'Complete' to submit an incomplete transaction. This is only available for Surplus Lines Affidavits.

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
23421		3/21/2011		Incomplete
23420		3/21/2011 8:38:43 AM		**Complete**
23419		3/21/2011 8:07:17 AM		**Complete**
23418		3/15/2011		Incomplete [**Complete**]
23416		3/15/2011		Incomplete
23415		3/15/2011		Incomplete
23413		3/14/2011		Incomplete
23412		3/14/2011		Incomplete
23411		3/14/2011		Incomplete
23410		3/9/2011		Incomplete
23409		3/9/2011		Incomplete
23408		3/9/2011		Incomplete
23407		2/25/2011		Incomplete
23406		2/25/2011		Incomplete
23405		2/25/2011		Incomplete
23403		2/25/2011		Incomplete

In the list, find the transaction you wish to complete, then click on the "Complete", here.

Click the transaction that needs to be completed, by clicking the bolded "Complete", here.

Transaction History

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [   ] 📅 **Display Transactions**

You can select the Check Box and press 'Complete' to submit an incomplete transaction. This is only available for Surplus Lines Affidavits.

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
23421		3/21/2011		Incomplete
23420		3/21/2011 8:38:43 AM		**Complete**
23419		3/21/2011 8:07:17 AM		**Complete**
23418		3/15/2011		Incomplete [Complete]
23416		3/15/2011		Incomplete
23415		3/15/2011		Incomplete
23413		3/14/2011		Incomplete
23412		3/14/2011		Incomplete
23411		3/14/2011		Incomplete
23410		3/9/2011		Incomplete
23409		3/9/2011		Incomplete
23408		3/9/2011		Incomplete
23407		2/25/2011		Incomplete
23406		2/25/2011		Incomplete
23405		2/25/2011		Incomplete
23403		2/25/2011		Incomplete

A listing of all affidavits associated with the transaction will display.